

FOR HONOR FLIGHT USE ONLY:

LAST NAME: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Honor Flight Bay Area Veteran Application

Honor Flight Network recognizes American Veterans for your sacrifices and achievements by having you fly to Washington DC to see YOUR memorials at no cost. Top priority is given to WWII and terminally ill veterans from all wars. Honor Flight Network will be expanding to include Korean and Vietnam Veterans. For Honor Flight Network to achieve this goal, guardians fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight Network. For further information please contact us at 408.925.1999 or visit [www.honorflightbayarea.org](http://www.honorflightbayarea.org).

**YOUR NAME:** \_\_\_\_\_ **NICK NAME:** \_\_\_\_\_

(Please List Your First, Middle, & Last Name as it appears on your driver's license or government ID.) (If Applicable)

**ADDRESS:** \_\_\_\_\_ **GENDER:**   M   F

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HONOR FLIGHT?** \_\_\_\_\_

\_\_\_\_\_. **TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL)** \_\_\_\_\_

**ALTERNATE CONTACT** (son, daughter, etc): NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available the day you travel):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_ **SERVICE HISTORY:** BRANCH OF

SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

HOME TOWN (from which city and state did you enter the service?): \_\_\_\_\_

ACTIVITY DURING WWII: \_\_\_\_\_

# Medical Information

The purpose of this form is to provide Honor Flight with information to appropriately care for you during the trip.

All answers will remain confidential. Please explain your answers. You may write on the back if you need more

room. Do you have a history of:

Allergies such as food, drugs, bee stings? yes no

Dietary restrictions? What type of diet are you on? yes no

Heart problems? Arrhythmias? Past heart attack or stroke? Pacemaker? yes no

Lung problems? Do you use oxygen continuously? during the day? or at night? yes no

Do you use a CPAP or BiPAP? yes no

Kidney disease requiring dialysis? How often? yes no

Diabetes? Do you take Insulin, pills, or manage with diet alone? yes no

Glaucoma, or visual problems, are you legally blind? yes no

Hearing problems, do you wear hearing aids? yes no

Trouble holding your urine or stool? Do you wear an ostomy bag? yes no

Seizures? yes no

Memory problems? yes no

Do you use a cane, walker, scooter, or wheel chair to get around? Some or all of the time? yes no

Do you have balance problems or history of falls? yes no

Would you like a wheelchair provided for you for this trip? yes no

Are there other medical conditions you have been diagnosed with that we should know about that might be a problem or concern while on this trip? yes no

What medications, if any, do you take? Please specify if none are taken.

Name	dosage	when taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE REVIEW CAREFULLY AND SIGN:\***

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED:

\_\_\_\_\_  
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (E-mail applicants will be required to sign prior to actual flight date)

**If you have someone, other than your spouse, who would like to accompany you, please have him or her fill out a guardian application indicating the desire to travel with you.**

Please submit this form to:

Honor Flight Bay Area Foundation c/o General Electric m/c HFBAF  
1990 Little Orchard St  
San Jose, CA 95125

\*Honor Flight Bay Area Foundation is part of the Honor Flight Network.